



The Rotary Club of Santa Rosa West CONTRIBUTION REQUEST

Please print and complete this application using additional pages when necessary to fully answer the questions. Submit 5 copies of this application and supplementary documentation requested below by mail to Charitable Donations/Projects Committee, The Rotary Club of Santa Rosa West, PO Box 6792, Santa Rosa, CA 95406 not later than December 31st. Questions may be directed by email to Janet Coddling at janet@scanitjanet.com.

Organization Name : _____
Phone : _____
Address : _____
City : _____
State / Zip : _____
Submitted By : _____
Title : _____

1. Primary purpose of organization: Include length of service and the number of persons served.

2. State the amount of funds you are requesting : \$ _____
What is your total fundraising goal : \$ _____
Please list other commitments/funds you have for this program.

3. Describe the project/expenses intended to be supported if funds are received from the Rotary Club of Santa Rosa West :

4. What is the region of intended service? (Local Area, Group, City, County)

5. Does your Organization have a Board of Directors? Yes No

6. Does your Organization have a 501 (c) (3) designation? Yes No
If yes, please provide a copy of official designation.
(Having a 501 (c) (3) is not a requirement for receipt of a contribution.)

7. Indicate how the Rotary Club will receive recognition from our support:

8. Are there items other than money that your organization might require?
(Rotary is interested in projects that would benefit from Rotarian participation
and may have “in kind” donation opportunities).

9. Please include a project budget and your plan for evaluation of the
completed project.

10. Does this request have a special time requirement? Yes No
If Yes, please explain:

11. Please provide any additional information you would want us to have in
considering your request.